

# EXHIBIT C

**CLAIM FORM FOR BLOCK, INC. AND CASH APP INVESTING, LLC BENEFITS**

*Salinas, et al. v. Block, Inc. and Cash App Investing, LLC,*  
Case No. 22-cv-04823 (N.D. Cal.)

COMPLETE AND SIGN THIS FORM AND FILE ONLINE NO LATER THAN **[DUE DATE]**  
AT **www. .com** OR FILE BY MAIL POSTMARKED BY **[due date]**.

*You **must** use this form to make a claim for an Out-of-Pocket Losses Payment, Lost Time Payment, or Transaction Losses Payment.*

Questions? Call **(XXX) XXX-XXX** or visit the website, **www. .com**

**CLASS MEMBER INFORMATION**

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

(If provided, we will also communicate with you about your claim primarily by email.)

Unique \$CashtagIdentifier: \_\_\_\_\_

*Failure to add your Unique \$CashtagIdentifier may result in receipt of a deficiency notice or denial of your claim. If you received a notice of this Settlement by U.S. mail, you may also use the Unique Claim Form Identifier which is on the envelope or postcard. If you misplaced your notice, please contact the claim administrator at Call **(XXX) XXX-XXXX** or **[info@ .com]**.*

**SETTLEMENT OVERVIEW**

For the precise terms of the settlement, please see the settlement agreement available at [www.\\_\\_\\_\\_\\_.com](http://www._____.com).

**Compensation for Out-of-Pocket Losses:** Settlement Class Members who submit a valid and timely Claim Form are eligible to receive reimbursement of up to \$2,500.00 per Settlement Class Member for Out-of-Pocket Losses that are fairly traceable to a Data Security Incident, an Unauthorized Account Event, or a deficiency in error resolution in connection with a Cash App or Cash App Investing account that occurred during the period of August 23, 2018 through **Notice Date**, and that have not already been reimbursed by Block, Cash App Investing, or a third party. These Losses may include: (a) Costs associated with credit monitoring or identity theft insurance purchased directly by the Class Member; (b) Costs associated with requesting a credit report; (c) Costs associated with a credit freeze; (d) Costs associated with canceling a payment card and/or obtaining a replacement payment card; (e) Costs associated with closing a bank account and/or opening a new bank account; (f) Miscellaneous expenses such as postage fees, long-distance phone charges, express mail, and other incidental expenses; (g) Unrefunded overdraft and/or overdraft protection fees; and (h) Unrefunded late and/or missed payment fees and/or charges. Out-of-Pocket Losses must have been incurred on or after August 23, 2018 and before **Notice Date**. You must submit documentation of the Out-of-Pocket Losses as part of your claim. This may include receipts or other documentation and may not be “self-prepared.” “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but may be considered to add clarity or support to other submitted documentation.

**Compensation for Lost Time:** In addition to the Out-of-Pocket Losses Payment, Settlement Class Members who submit a valid and timely Claim Form may be eligible to receive reimbursement for Lost Time of up to three (3) hours at a rate of \$25.00 per hour for time spent in response to a Data Security Incident or an Unauthorized Account Event or a deficiency in error resolution in connection with a Cash App or Cash App Investing account.

**Compensation for Transaction Losses:** Settlement Class Members who submit a valid and timely Claim Form, who experienced an Unauthorized Account Event that resulted in a monetary loss that has not yet been reimbursed, which occurred during the period of August 23, 2018 through **Notice Date**, may be entitled to reimbursement for Transaction Losses. Class Members seeking reimbursement for Transaction Losses must provide one of the following: (a) documentation showing that they notified Defendants of the Unauthorized Account Event during the period of August 23, 2018 through **Notice Date**; **or** (b) documentation showing that they filed a police report concerning the Unauthorized Account Event during the period of August 23, 2018 through **Notice Date**; **or** (c) documentation that the Settlement Administrator, in its sole discretion, determines is sufficient to demonstrate the occurrence of an Unauthorized Account Event during the period of August 23, 2018 through **Notice Date**.

**CLAIM INFORMATION**

**Failure to provide all required information will result in your claim being rejected by the Settlement Administrator.**

1. Were you sent a notice by Defendants that your information may have been impacted in a Data Security Incident that was disclosed in April 2022 or September 2023?

Yes ☐ (You may make a claim for Out-of-Pocket Losses and Lost Time if applicable)

No ☐

2. Did you experience an Unauthorized Account Event in the form of an unauthorized, unintended, or fraudulent withdrawals from your Cash App or Cash App Investing account or any linked financial account which occurred between August 23, 2018 through and including [REDACTED], 2024 which resulted in financial losses?

Yes ☐ (You may make a claim for Out-of-Pocket Losses, Lost Time, and Transaction Losses if applicable) No ☐

3. Did you spend time or incur cost as a result of Defendants' failure to properly resolve your claim of an unauthorized transaction in connection with your Cash App or Cash App Investing account?

Yes ☐ (You may make a claim for Out-of-Pocket Losses and Lost Time if applicable) No ☐

Yes ☐ (You may make a claim for Out-of-Pocket Losses and Transaction Losses if applicable) No ☐

**CLAIM FOR REIMBURSEMENT FOR OUT-OF-POCKET LOSSES PAYMENT**

Out-of-Pocket Cost Type (Check all that apply)	Date of Cost	Amount of Cost	Description of Expense or Money Spent and Supporting Documents (Identify what you are attaching and why it is related to a Data Security Incident or Unauthorized Account Event)
<input type="checkbox"/> Costs associated with credit monitoring or identity theft insurance purchased as a result of a Data Security Incident or Unauthorized Account Event			

<b>Out-of-Pocket Cost Type</b> (Check all that apply)	<b>Date of Cost</b>	<b>Amount of Cost</b>	<b>Description of Expense or Money Spent and Supporting Documents</b> (Identify what you are attaching and why it is related to a Data Security Incident or Unauthorized Account Event)
<input type="checkbox"/> Professional fees including attorneys' and accountants' fees, and fees for credit repair services			
<input type="checkbox"/> Costs associated with requesting a credit report or freezing or unfreezing credit with any credit reporting agency			
<input type="checkbox"/> Costs associated with canceling a payment card and/or obtaining a replacement payment card			
<input type="checkbox"/> Costs associated with closing a bank account and/or opening a new bank account			
<input type="checkbox"/> Unrefunded overdraft and/or overdraft protection fees			
<input type="checkbox"/> Unrefunded late and/or missed payment fees and/or charges			
<input type="checkbox"/> Miscellaneous expenses such as notary, data charges (if charged based on the amount of data used), fax, postage, copying, mileage, cell phone charges (only if charged by the minute), and long-distance telephone charges			

**CLAIM FOR REIMBURSEMENT FOR LOST TIME PAYMENT**

<b>Lost Time</b>	<b>Date of Loss</b>	<b>Amount of Time</b>	<b>Description of Your Actions That Resulted in Lost Time</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Hours:</b> ____	

**CLAIM FOR REIMBURSEMENT FOR TRANSACTION LOSSES PAYMENT**

<b>Type of Account That Unauthorized Account Event Occurred</b>	<b>Date of Loss</b>	<b>Amount of Loss</b>	<b>Description of Required Documents You are Submitting to Substantiate Your Claim of an Unauthorized Account Event</b> (You must provide one of the following: notification to or from defendants of the Unauthorized Account Event; or police report concerning the Unauthorized Account Event; or any documentation that can prove the occurrence of the Unauthorized Account Event)
<input type="checkbox"/> Cash App Account <input type="checkbox"/> Cash App Investing Account <input type="checkbox"/> Linked Financial Account			

3. How do you wish to receive Settlement payment?

☐ Paper Check

☐ Electronic Payment

- *If you wish to receive an Electronic Payment please select one of the following options:*

☐ Zelle (Please provide Username for payment:\_\_\_\_\_)

☐ Venmo (Please provide Username for payment:\_\_\_\_\_)

☐ Apple Pay (Please provide Username for payment:\_\_\_\_\_)

☐ Google Pay (Please provide Username for payment:\_\_\_\_\_)

**CERTIFICATION AND SIGNATURE**

By submitting this Claim Form, I certify that I am a Settlement Class Member and am eligible to make a claim in this settlement and that the information provided in this Claim Form and any attachments is true and correct. I do hereby swear (or affirm), under penalty of perjury, that the information provided above is true and accurate to the best of my knowledge and that any cash compensation or benefits I am claiming are based on losses or expenses I reasonably believe, to the best of my knowledge, were incurred as a result of a covered Data Security Incident or Unauthorized Account Event.

I understand that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this claim or additional information from me. I also understand that all claim payments are subject to the availability of Settlement Funds and may be reduced, depending on the type of claim and the determinations of the Settlement Administrator.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_